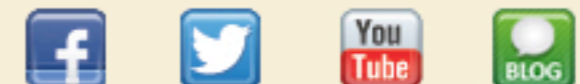




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FACILITY APPLICATION FORM



I-BHS Facility application form OMB No. 0930-0106

Please complete this application form to request that your facility be added to SAMSHA's Inventory of Behavioral Health Services (I-BHS). Click here for instructions and more information regarding this form.

(* Indicates a Required Field)

1. FACILITY INFORMATION: 3

Form fields for Facility Information: Facility Name (1), Facility Name (2), Street Address (1), Street Address (2), City, State, Zip Code, County, Mailing Address (1), Mailing Address (2), City, State, Zip Code, Telephone/Extension, Fax, Director's Name, Director's E-Mail, Website Address (URL).

2. SERVICES PROVIDED (check all that apply, choosing at least one): 3

- Substance Abuse Services: Treatment, Detoxification, Administrative Services, Other Non-Treatment Services. Mental Health Services: Treatment, Administrative Services, Other Non-Treatment Services.

reCAPTCHA: I'm not a robot

Submit Form

Expiration date: 12/31/2018 See OMB Burden statement at bottom of the instructions page.

Footer area containing: SAMSHA.gov Homepage, Strategic Initiatives, About Us, Find Help, Publications, Newsroom, Budget, Data, Grants, Grant Awards, THE WHITE HOUSE, Department of Health and Human Services, USA.gov, GRANTS.GOV, Language Assistance Available (Español, Tagalog, Français, Deutsch, etc.), and SAMHSA logo.

SAMSHA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

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